

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Reserve Component Periodic Health Assessment (RCPHA)

FLYER or NON FLYER MALE or FEMALE (CIRCLE ONE) AGE _____

Assessment (RCPHA) completed: _____ DD 2766 updated: YES or NO (Circle Appropriate)

Immunization review/current: YES or NO Dental Class: 1 / 2 / 3 / 4 _____ (Circle Appropriate)

RCPHA GRID TESTING REQUIREMENT:

HT:		WT:		MWT:		B/P:	
CHOL:		TRIG:		HDL:		HIV:	

DNA: _____ Date Accomplished EKG: YES or NO EKG Test: Normal or Abnormal

Fecal Occult Blood: Positive or Negative (Circle Appropriate)

Skin Exam for Cancer/Surgical Scars: Normal or Abnormal Other: _____

Valsalva: NO or YES Normal and/or Bilateral Additional Test: (Optional) _____

AUDIOGRAM:

	500	1000	2000	3000	4000	6000
LEFT						
RIGHT						

Hearing Conservation Program:
Reference Audiogram
YES or NO
(Circle Appropriate)

VISUAL ACUITY:

DISTANT				REFLECTIVE				NEAR			
O.D. 20/	Corrected to 20/	by:		S:	CX:	20/		Corrected to 20/	by:		
O.D. 20/	Corrected to 20/	by:		S:	CX:	20/		Corrected to 20/	by:		

Amsler Grid: O.D. Normal or Abnormal O.S. Normal or Abnormal (Circle Appropriate)

Contact Lenses: Yes or No Gas Mask Insert Ordered: Yes or No or N/A (Circle Appropriate)

Intraocular Tension: O.D. _____ O.S. _____ Glaucoma: Yes or No (Circle Appropriate)

Phorias: RH _____ LH _____ ES _____ EX _____ Color Vision: Test Used: _____ Pass or Fail

MALE (Circle Appropriate)			FEMALE					
Testicles:	Normal	Abnormal	Pap Smear:	_____	Breast Exam:	_____	Mammogram:	_____
Prostate:	Normal	Abnormal	Date Completed	_____	Date Completed	_____	Date Completed	_____

Member is QUALIFIED for Worldwide Duty: YES or NO

Member is QUALIFIED for Occupational Duty: YES or NO

PROFILE:

P U L H E S X

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)</i>			REGISTER NO.
			WARD NO.

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STANDARD FORM 600 (REV. 6-97)
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